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T-401 P.09/10 F-736

Approved for use through 04/30.	/2003. OMB 065	1-0031	PTO/SB/0022 (05/03)
PETITION FOR EXTENSION O	OF TIME UNDER 37 CFR 1.13	36(a) Docket Nu	mber: 13325.0034
	In re Application of John K. Schneider et al.		
	Application Number 09/65	Application Number 09/659,772 Filed September 11, 200	
*!	For Left Hand Right Hand Invariant Dynamic Finger Positioning Guide		
	Group Art Unit 2623	Examiner S. A. A.	hmed
This is a request under the provision application.	ns of 37 CFR 1.136(a) to extend	the period for filing a	reply in the above identified
The requested extension and approp	priate non-small entity fee are as	follows (check time)	period desired):
☐ One month (37 CFR.		*	\$
Two months (37 CFI	• • • •		\$ <u>430</u>
☐ Three months (37 CF			\$
□ Four months (37 CFF	•		\$
☐ Five months (37 CFF	C 1.17(a)(5))		\$
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$			
■ A check in the amount of t	he fee is enclosed.	•	e ((∄ + () 10
☐ Payment by credit card. Fe	orm PTO-2038 is attached.		
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby auti required, or credit any over I have enclosed a duplicate	norized to charge any fees which rpayment, to Deposit Account N copy of this sheet.	may be umber <u>08-2442</u> .	
I am the □ applicant/inventor.			
	e entire interest. See 37 CFR 3.7	71.	
Statement under 3	7 CFR 3.73(b) is enclosed (For	n PTO/SB/96)	·
attorney or agent of rece	orđ.		
 attorney or agent acting Registration number 	under 37 CFR 1.34(a). r if acting under 37 CFR 1.34(a).		
	on on this form may become porm. Provide credit card inform		
October 12, 2004		Martin	L'accident
Date	Sign	ature	<u> </u>
<u>(716) 848-1367</u> Telephone Number		rtin G. Linihan	
Typed or printed name NOTE: Signature of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.			
	one signature is required, see of	· ·	
	; ·		
CERTIFICATE OF MAILING (37 CFR 1.8(a))			
I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope			
addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.			
Date October 12, 2004		Martin G. Linihan	<u> </u>
	(T	ype of print name of p	orson mailing paper)
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j	Here	mature of nercon	iling namer)
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